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November 19, 2008

Senator Jason M. Gant, Chair
Government Operations and Audit Committee
500 East Capitol Ave.
Pierre, SD 57501-5070

RE: Birth to Three Connections

Dear Senator Gant:

Thank you for the opportunity to provide an update on the Birth to Three Connections program. Referencing your letter of November 14, 2008, the following information addresses the questions posed by the Government Operations and Audit Committee:

1) How many providers have been lost subsequent to the rate adjustments?

To date, only three sole practitioners, one hospital, and the Center for Disabilities in Sioux Falls have declined to be providers for the Birth to Three Connections program. The sole practitioners include two occupational therapists and one speech language therapist. The hospital was providing physical therapy to half a dozen children in the Pierre area, and those services have been picked up by other providers. The Center for Disabilities provided some nutrition services and autism assessments, but we have other providers in the Sioux Falls area who can meet those needs. Many schools and educational cooperatives have their own trained autism teams now who are able to make a diagnosis. Nutritionists can be found via hospitals in each region. Currently, all children who are on an Individual Family Service Plan (IFSP) are receiving services as prescribed by the IFSP.

2) Who has the decision making authority concerning the number of visits per week, the type of services to be provided, and when re-assessments are performed?

The decision making authority rests with the multidisciplinary evaluation team. The parent has the right to be part of the team's decision. Written parental consent must be obtained before an evaluation or re-evaluation can be conducted.

It is important to note there is a significant difference between evaluation and assessment. According to 34 CFR 303.322, evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of infants and toddlers with disabilities, including determining the status of the child in each of the developmental areas (cognitive, physical, including vision and hearing, gross

and fine motor, communication, social/emotional, and adaptive and perceptual development). Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of the child's eligibility under this part to identify the child's unique needs, the family's strengths and needs related to the development of the child, and the nature and extent of early intervention services that are needed by the child and the child's family to meet the needs.

On-going assessments of the child are completed at the discretion of the therapist providing early intervention services. Information gained from the ongoing assessment should be shared with team members, including the parent, and may warrant a review of the child's IFSP.

The Birth to Three Connections program understands and supports the need for on-going assessment and subsequent evaluations once a child has been determined eligible for services through an IFSP. One of the fundamental factors that would encourage a re-evaluation is the premise that through early intervention services, children will make progress and achieve age appropriate developmental skills. Team members may contemplate decreasing or discontinuing a service for a child because the progress has been significant and the child has reached an age appropriate level.

However, informed parental consent must be received prior to any evaluation, including re-evaluations. It is important to ensure that parents understand that giving consent for a re-evaluation may mean a change in eligibility, which could result in a change of providers and services, or no services at all.

3) How does the program monitor, from a dollar cost standpoint, the re-evaluation of children being served?

A six-month a review, conducted by the multidisciplinary team, is part of the IFSP process. It would be unusual for a review to take place before 6 months, due to insufficient data to determine whether a child had made significant progress toward the outcomes as identified on the IFSP. The following table shows the most recent data on children exiting the program early.

Infants and Toddlers Exiting Part C July 2007 – June 2008	
1. COMPLETION OF IFSP PRIOR TO REACHING MAXIMUM AGE FOR PART C	33
2. PART B ELIGIBLE, EXITING PART C	452
3. PART B ELIGIBLE, CONTINUING IN PART C	0
4. NOT ELIGIBLE FOR PART B, EXIT WITH REFERRALS TO OTHER PROGRAMS	138
5. NOT ELIGIBLE FOR PART B, EXIT WITH NO REFERRALS	18
6. PART B, ELIGIBILITY NOT DETERMINED	23
Other Reasons:	
7. DECEASED	4
8. MOVED OUT OF STATE	53
9. WITHDRAWAL BY PARENT (OR GUARDIAN)	78
10. ATTEMPTS TO CONTACT UNSUCCESSFUL	51
TOTAL	850

According to the data, the number of children who completed an IFSP and met their goals, 33 children (5%) out of 664 exited the program early. The majority, 452 children (68%) out of 664, were eligible for continued early intervention services through Part B in the school districts. The remaining 27% (lines 4 – 6) exited the program and did not need further early intervention services.

The exact length of time spent in the program depends on the age of the child when they enter the program. For example, a child could enter the program at age 2 for a speech delay, and exit the program six months later. On average, \$3,000 per child per year is spent on Birth to Three direct services.

If you have any questions, please feel free to contact me at 773-4478.

Sincerely,

A handwritten signature in cursive script that reads "Susan Sheppick".

Susan Sheppick
Birth to Three Connections

cc: Secretary Tom Oster
Department of Education